

CERTIFICATE OF SERVICE

I, the undersigned, state that I am a citizen of the United States and employed in the County of Santa Cruz, State of California. I am over the age of 18 years and not a party to the within action. My business address is 701 Ocean Street, Room 505, Santa Cruz, California 95060. On the date set out below, I served a true copy of the following on the person(s)/entity(ies) listed below:

**DECLARATION OF SHERI THOMAS IN SUPPORT OF SANTA CRUZ
COUNTY TREASURER-TAX COLLECTOR'S RESPONSE TO
DEBTOR'S MOTION TO DETERMINE TAX LIABILITY AND STAY
PROCEEDINGS AS TO CERTAIN CALIFORNIA TAXING AUTHORITIES**

☐ by **service by mail** by placing said copy enclosed in a sealed envelope and depositing the sealed envelope with the United States Postal Service with the postage fully prepaid.

☐ by **service by mail** by placing said copy enclosed in a sealed envelope and placing the envelope for collection and mailing on the date and at the place shown below following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service with postage fully prepaid.

☐ by **email** by transmitting said copy electronically to the email address(es) listed below from my email account administered by the County of Santa Cruz. The electronic transmission was successful with no reported rejections.

☒ by **express or overnight mail** by depositing a copy in a post office, mailbox, sub-post office, substation, mail chute, or other like facility regularly maintained by the United States Postal Service for receipt of express mail or a mailbox, mail chute, or other like facility regularly maintained by an overnight mail company, in a sealed envelope, with express mail postage paid addressed to the below listed person(s).

☐ by **express or overnight mail** by arranging for pick-up by an employee of an express/overnight mail company on:

☐ by **facsimile service** at the number listed below and have confirmation that it was received by:

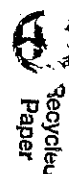
Cole Schotz P.C.	Clerk of the Bankruptcy Court,
Attn: Warren A. Usatine, Esq., and Felice R.	P.O. Box 1352
Yudkin, Esq.	Newark, New Jersey 07101-1352
25 Main Street	
Hackensack, New Jersey 07602-0800	

Honorable Vincent F. Papalia
50 Walnut Street
Courtroom 3B
Newark, NJ 07102

1 I declare under penalty of perjury under the laws of the State of California that the foregoing
2 is true and correct. Executed on October 16, 2023 at Santa Cruz, California.

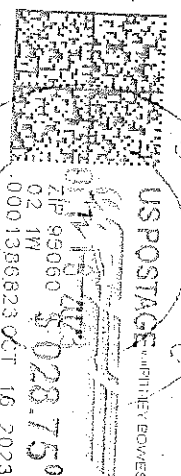
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FLAIR MAIL



EXPRESS MAIL

UNITED STATES POSTAL SERVICE®



EK 876299533 US



PRIORITY MAIL EXPRESS™

WRITE FIRMLY TO MAKE ALL COPIES LEGIBLE.

CUSTOMER USE ONLY

PHONE ()

County of Santa Cruz
 Treasurer - Tax Collector
 701 Ocean St. Room 100
 Santa Cruz, CA 95060

PAYMENT BY ACCOUNT (if applicable)

USPS Corporate Acct. No. Federal Agency Acct. No. or Postal Service™ Acct. No.

DELIVERY OPTIONS (Customer Use Only)

- ☐ **SIGNATURE REQUIRED** Note: The mailer must check the "Signature" Required box if the mailer: (1) Requires the addressee's signature; OR (2) Purchases additional insurance; OR (3) Purchases COD Service; OR (4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.
- ☐ **Delivery Options**
- ☐ No Saturday Delivery (delivered next business day)
- ☐ Sunday/Holiday Delivery Required (additional fee, where available)
- ☐ 10:30 AM Delivery Required (additional fee, where available)
- ☐ Refer to USPS.com or local Post Office for availability

TO: (PLEASE PRINT)

PHONE ()

Honorable Vincent F. Papalica
 50 Walnut St, Courtroom 3B
 Newark, NJ 07102
 0212 881 100 6792

For pickup or USPS Tracking, visit USPS.com or call 800-222-1811.
 \$100.00 Insurance included.

ORIGIN (POSTAL SERVICE USE ONLY)

☐ 1-Day

☐ 2-Day

☐ Military

☐ DPO

PO ZIP Code	Scheduled Delivery Date	Postage	Insurance Fee	COD Fee
95101	10/18	\$28.75		
Date Accepted (MM/DD/YY)	Scheduled Delivery Time	Return Receipt Fee	Live Animal Transportation Fee	
10/16/23	10:30 AM - 3:00 PM			
Weight	Rate	Sunday/Holiday Premium Fee		
3 lbs.				
Acceptance Employee Initials		Total Postage & Fees		
		\$28.75		
Delivery Attempt (MM/DD/YY)	Time	Employee Signature		
Delivery Attempt (MM/DD/YY)	Time	Employee Signature		

